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STATE PLAN MAILMAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  July 1,2003
5. TYPE OF PLAN MATERIAL (Check One):	A CONTRACTOR OF STATE
□ NEW STATE PLAN □ AMENDMENT TO B	E CONSIDERED AS NEW PLAN TO AMENDMENT
	AMENDMENT (Separate Transmittel for each emendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (733,838) a. FFY 2004 \$ (731,778)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.
Attachment 4.19A, pages 11 through 17	
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	<u> </u>
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	AL OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	18. RETURN TO:
13. TYPED NAME:	John A. Liveratti, Chief
Michael J. Willden	DRCFP/Medicaid
14. TMLE: Director, DHR  15. DATE SUBMITTED: Mark and a submitted.	Carson City, Nevada 89701
ATERHOENPER SERVICE SE	
EFFECTIVE DATE OF APPROVED MACRICAL FORMS	AUSTIGNATURE OF ENGLISHAL OFFICIAL
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## STATE CLAIR UNDER TITLE ALA UP THE SUCIAL SECURITY ACT

State: Nevada

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State:

Nevada

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#### STATE FLAN UNDER TITLE ALA UP THE SUCIAL SECURITY ACT

State: Nevada

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Page 13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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#### STATE FLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

Nevada

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#### XIV. Direct Graduate Medicaid Education Payments

This section of the state plan contains the provisions for making additional Medicaid payments to recognize the additional direct costs incurred by in-state hospitals with approved graduate medical education programs. These provisions become effective at the start of each qualifying hospital's fiscal period beginning on or after July 1, 2003.

## A. Qualifying Hospitals:

In-state hospitals that participate in the Medicaid program are eligible for additional reimbursement related to the provision of Graduate Medical Education (GME) activities. To qualify for these additional Medicaid payments, the hospital must also be eligible to receive GME payments from the Medicare program.

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#### STATE FLAN UNDER TITLE ALX OF THE SOCIAL SECURITY ACT

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B. Methodology for Determining GME Payments:

> Each in-state hospital that qualifies for direct GME payments will have their hospital specific payment amount determined as follows:

- 1. Maximum Direct GME Disbursement Amount: Medicaid will reimburse a maximum amount of \$820,429 for direct GME without adjustment.
- 2. Total Full Time Equivalent (FTE) Calculation: Medicaid will calculate a total number of actual Medicaid FTEs using data from each qualifying hospital.
  - a. Each qualifying hospital will provide documentation of actual paid FTEs for the previous fiscal year to Medicaid by April 1st of each year. This will be the maximum number of FTEs that may qualify for direct GME reimbursement.
  - b. The Medicaid portion of each qualifying hospital's maximum number of FTEs will be determined by dividing the hospital's Medicaid inpatient days by total inpatient days. The data will be from the most current available audited Medicare cost report as of April 12 of each year. This fraction will be multiplied by the hospital's maximum number of FTEs for the actual Medicaid FTEs for the hospital.
  - c. Medicaid will sum each of the qualifying hospitals' number of actual Medicaid FTEs for a total number of actual Medicaid FTEs. This will be the number of FTEs used in the direct GME disbursement calculation.
- 3. Medicaid Direct GME Reimbursement Amount per FTE: Medicaid will divide the maximum direct GME disbursement amount by the total number of actual Medicaid FTEs to calculate the reimbursement amount per FTE.
- 4. Medicaid Direct GME Reimbursement per hospital: Medicaid will multiply the actual Medicaid FTEs of each qualifying hospital by the reimbursement amount per FTE to calculate a total direct GME reimbursement by hospital.

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\*State:

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#### C. Payment of Direct GME:

Beginning July 1, 2003, Medicaid will calculate the total direct GME reimbursement for each qualifying hospital using the methodology in B. above. At the end of each calendar quarter, each hospital will receive a payment amount equal to twenty-five percent (25%) of the hospital's total direct GME reimbursement.

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Approval Date: MAR 2004

Effective Date: JUL - 1 2003